

EXHIBIT E

Leg1.77.0 02/27/07
DU

INSURED'S
NAME
AND
ADDRESS

BORROWER'S NAME

PROPERTY ADDRESS



[Signature]

DP GUOZ/Agv. 1/88

EXHIBIT F

Leg1.88.0 04/15/08
DU

JPMORGAN CHASE BANK, N.A. 770 THE CITY DR STE 2000 ORANGE, CA 92868	INSURED'S NAME AND ADDRESS
MOUTON, DIANE M 81854 VIA PARCO DRIVE INDIO CA 92203	BORROWER'S NAME PROPERTY ADDRESS

Loan Amount	\$ 335,700	Insured Amount	\$335,700.00	SMIC Plan Number	BKX4 ++
Sales Price or Cost	\$ 394,990	Occupancy	SECOND HOME	INITIAL	(MONTHLY)
Appraised Value	\$ 425,000	Loan-To-Value Ratio	84.99%	Next Year Premium	\$ 128.69
		Optional		Less: Amount Paid	\$.00
		Quantity Coverage	12%	Premium Amount Due	\$ 2.1 P. **MTHLY

**Zero Initial Premium plan. Renewal premium billing will begin in the month of the first scheduled mortgage payment. First mortgage payment due: __/__/__.



The Company has caused this Commitment/Certificate to be signed and sealed by its duly authorized officers in facsimile to become effective as its original seal and signature and binding on the Company by virtue of countersignature by its duly authorized agent.

- i. The transaction described above has been duly Consummated; and
- ii. Equity in the property is from the Borrower's own cash unless otherwise disclosed in the Application; and
- iii. Any additional conditions have been or will be satisfied; and
- iv. The Insured has included, or otherwise attached, its copy of the executed Commitment/Certificate to its original copy of the entire Application package, which becomes a part of the Policy; and
- v. The Insured remits the premium amount due within 15 days after the Effective Date*.

* Effective Date is the later of the Loan Consummation Date or the Commitment Effective Date.

☐ Check here for separate Certificate

Fax 

Ph: 1-800-898-7642

OP 0002 (Rev. 11/88)

EXHIBIT G

Leg1.64.0 07/06/06
DU

JPMORGAN CHASE BANK, N.A. RT
200 CONTINENTAL DR #405
NEWARK, DE 19713

EDWARDS, ELLA L
26 WETLER BEND
WILMINGTON DE 19810

Faith A Walker

DP 0002 (Rev. 11/88)

EXHIBIT H

Leg1.64.0 11/21/06
DU

WASHINGTON MUTUAL BANK, F.A. -WS
ATTN: 2ND FL
8880 FREEDOM CROSSING TRL
JACKSONVILLE, FL 32256

BOLTON, JASON
501 ARROWHEAD DRIVE
MCDONOUGH GA 30252

Commitment/Certificate Number		Insured's Identification Number		Branch	Commitment Effective Date	Commitment Expiration Date
0632155014		12954		36	11/21/2006	05/21/2007
Master Policy Form Number		Enforcement Form Number(s)			NO REFUND ++	DELEGATED
GACANEND2007 (11/94						
MP-1103	MPEND-4017 (12/05) MPEND-4016 (6/05)					

Loan Amount	\$ 330,000	Insured Amount	\$330,000.00	RMIC Plan Number	BU9R ++
Sales Price or Cost	\$ 0	Occupancy	PRIMARY RES.	INITIAL	(MONTHLY)
Appraised Value	\$ 370,000	Loan-To-Value Ratio	89.19%	First Year Premium	\$ 178.75
		Optional Guaranty Coverage	25%	Less: Amount Paid	\$.00
				Premium Amount Due	\$ Z.I.P. *MMTHLY

8 178.75 MONTHLY XXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXX Year and renewable at the option of the ~~WITH~~. AN ANNUALIZED PREMIUM RATE OF .65%

FOR MOS. 1-12, THEREAFTER AT AN ANNUALIZED PREMIUM RATE OF .650%

This Commitment/Certificate premium quotation reflects the best rate available based upon information and data submitted to RMC by the Insured. If the Insured determines that the premium quotation is not accurate, it is the Insured's responsibility to notify RMC.

The Company has caused this Commitment/Certificate to be signed and sealed by its duly authorized officers in facsimile to become effective as its original seal and signatures and binding on the Company by virtue of counter-signature by its duly authorized agent.

Fish #4 Walker

AUTHORIZED REPRESENTATIVE

INSURED'S ACCEPTANCE AND CERTIFICATION: The Insured accepts the RMIC coverage offered and validates this Commitment as a Certificate by certifying that:

- i. The transaction described above has been duly Consummated; and
- ii. Equity in the property is from the Borrower's own cash unless otherwise disclosed in the Application; and
- iii. Any additional conditions have been or will be satisfied; and
- iv. The Insured has included, or otherwise attached, its copy of the executed Commitment/Certificate to its original copy of the entire Application package, which becomes a part of the Policy; and
- v. The Insured remits the premium amount due within 15 days after the Effective Date*.

Loan Consumption Date	Insured's Loan Number	Insured Amount	Reimittance	Date
///	3011886516		Z.I.P. MONTHLY	

*Effective Date is the later of the Loan Consummation Date or the Commitment Effective Date.

Insured's Authorized Signature

Telephone #

Check here for separate Certificate

New Servicing Assignment

and

Certificate to:

1-800-386-4007

Send check with certificate to:

Lockbox #402958

Atlanta, GA 30384-2958

Ph: 1-800-999-7642

DP 0002 (Rev. 11/84)

EXHIBIT I

Leg1.80.2 05/30/07
DU

JPMORGAN CHASE BANK, N.A.
9555 N. KENDALL DR. #200
MIAMI, FL 33176

NAME
AND
ADDRESS

SALAZAR, JUNE
11716 FOLKSTONE COURT
WALDORF MD 20602

BORROWER'S NAME
PROPERTY ADDRESS

Commitment/Certificate Number		Insured's Identification Number		Breach	Commitment Effective Date	Commitment Expiration Date
0715053047		12904		00	05/30/2007	11/30/2007
Master Policy Form Number Endorsement Form Number(s)					REFUND	DELEGATED
MP-1103 CANEND-2002 (8/94) MBEND-4017 (12/05) MPEND-4016 (6/05)						
					Level	A5ES
Loan Amount \$ 450,000		Insured Amount \$450,000.00		RMIC Plan Number INITIAL	(MONTHLY)	
Sales Price or Cost \$ 500,280		Occupancy PRIMARY RES.		Paid Year Premium XXXXX	\$ 341.25	
Appraised Value \$ 500,000		Loan-To-Value Ratio 90.00%		Less: Amount Paid \$.00		
		Optional Guaranty Coverage 30%		Premium Amount Due \$ 341.25 MTHLY		
\$ 341.25 MONTHLY XX XXXXXXXXXX						
Renewable at the option of the Insured. ANNUALIZED PREMIUM RATE AT .910% YEARS 01 THROUGH 10 AND .200% YEARS 11 THROUGH TERM.						



The Commission will not issue a premium quotation unless the best rate available based upon information and data submitted to RMC by the insured. If the insured determines that the premium quotation is not accurate, it is the insured's responsibility to notify RMC.

The Company has caused this Commitment/Certificate to be signed and sealed by its duly authorized officers in facsimile to become effective as its original seal and signatures and binding on the Company by virtue of countersignature by its duly authorized agent, Fach A Walker

AUTHORIZED REPRESENTATIVE

INSURED'S ACCEPTANCE AND CERTIFICATION: The Insured accepts the RMIC coverage offered and validates this Commitment as a Certificate by certifying that:

- i. The transaction described above has been duly consummated; and
- ii. Equity in the property is from the Borrower's own cash unless otherwise disclosed in the Application; and
- iii. Any additional conditions have been or will be satisfied; and
- iv. The Insured has included, or otherwise attached, its copy of the executed Commitment/Certificate to its original copy of the entire Application package, which becomes a part of the Policy; and
- v. The Insured remits the premium amount due within 15 days after the Effective Date*.

Loan Consumption Date // //	Insured's Loan Number 1574724097	Insured Amount	Remittance	Date
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* Effective Date is the later of the Loan Consummation Date or the Commitment Effective Date.

Insured's Authorized Signature

Telephone #

[Check here for separate Certificate](#)

New Servicing Assignment

Fax

Certificate to:

1-800-386-4007

Send check with certificate to:

Lockbox #402958

OR

Atlanta, GA 30384-2958

PH: 1-800-388-7642

UPON RECEIPT OF NOTIFICATION FROM THE INSURED THAT MI COVERAGE ON THIS
LOAN WAS CANCELED UNDER THE PROVISIONS OF THE HOMEOWNERS PROTECTION ACT
OF 1998, RMIC WILL REFUND ANY UNEARNED PREMIUM WITHIN 30 DAYS

EXHIBIT J



COMMITMENT/CERTIFICATE

Leg1.80.2 09/26/07
DU

OFFER OF INSURANCE: This form serves as a combined Commitment/Certificate. Republic Mortgage Insurance Company, in reliance on the insured's representations in the Application, offers to insure against Loss due to Default by the Borrower on the Loan described below. This offer is subject to the terms and conditions of the Master Policy, endorsements, and any additional conditions set forth below, and to the insured's acceptance and certification. Any material misrepresentation in the Application or any revision to the terms and conditions set out below shall void this document unless the revisions are approved in writing by RMIC.

WASHINGTON MUTUAL BANK F.A.
17877 VON KARMAN AVE
IRVINE, CA 92614

INSURED'S
NAME
AND
ADDRESS

GOODWIN, KAREN
GOODWIN, TIMOTHY
159 PINE KNOB RD
CANEYVILLE KY 42721

BORROWER'S NAME

PROPERTY ADDRESS

Commitment/Certificate Number		Insured's Identification Number		Branch	Commitment Effective Date	Commitment Expiration Date
0726955654		17095		03	09/26/2007	03/26/2008
Master Policy Form Number		Endorsement Form Number(s)			NO REFUND ++	DELEGATED
MP-1103		MPEND-4017 (12/05) MPEND-4016 (6/05)				

Declining Balance

Loan Amount	\$ 70,000	Insured Amount	\$ 70,000.00	RMIC Plan Number	10FI ++
				INITIAL	(MONTHLY)
Sales Price or Cost	\$ 70,000	Occupancy	PRIMARY RES.	XXXXXX	Rate Per Premium \$ 243.83 ***
Appraised Value	\$ 86,000	Loan-To-Value Ratio	100.00% *	Less: Amount Paid	\$.00
		Optional			
		Guaranty Coverage	35%	Premium Amount Due	\$ Z.I.P.***MTHLY

\$ 243.83 MONTHLY XXXXXXXXXXXXXXXXXX

XX

XXXXXyear and renewable at the option of the WITH AN ANNUALIZED PREMIUM RATE OF 4.18%

FOR MOS.1-12, THEREAFTER AT AN ANNUALIZED PREMIUM RATE OF 4.180%

**Zero Initial Premium plan. Renewal premium billing will begin in the month of the first scheduled mortgage payment. First mortgage payment due: __/__/__.

*** KY MUNICIPAL PREMIUM TAX: \$.00(.000%) KY SURCHARGE: \$ 3.66(1.500%)
ANNUAL PREM/TAX RATE: 4.24269% TOTAL REMITTANCE (Premium + Tax): \$ 247.49 <



The Commitment/Cashless premium quotation reflects the best rate evaluation based upon information and data submitted to AMIC by the insured. If the insured determines that the premium quotation is not accurate, it is the insured's responsibility to notify AMIC.

The Company has caused this Commitment/Certificate to be signed and sealed by its duly authorized officers in facsimile to become effective as its original seal and signatures and binding on the Company by virtue of countersignature by its duly authorized agent.

Faith A Walker

AUTHORIZED REPRESENTATIVE

INSURED'S ACCEPTANCE AND CERTIFICATION: The Insured accepts the RMIC coverage offered and validates this Commitment as a Certificate by certifying that:

- i. The transaction described above has been duly consummated; and
- ii. Equity in the property is from the Borrower's own cash unless otherwise disclosed in the Application; and
- iii. Any additional conditions have been or will be satisfied; and
- iv. The Insured has included, or otherwise attached, its copy of the executed Commitment/Certificate to its original copy of the entire Application package, which becomes a part of the Policy; and
- v. The Insured remits the premium amount due within 15 days after the Effective Date*.

Loan Consumption Date	Insured's Loan Number	Insured Amount	Remittance	Date
/ /	3014596567		Z.I.P. MONTHLY	


* Effective Date is the later of the Loan Consummation Date or the Commitment Effective Date

Insured's Authorized Signature

Telephone # _____ Click here for separate Certificate _____

New Servicing Assignment



Fax 
Certificate to:
1-800-386-4007

Send check with certificate to:

Lockbox #402958

Atlanta, GA 30384-2958

Ph: 1-800-999-7642

UPON RECEIPT OF NOTIFICATION FROM THE INSURED THAT MI COVERAGE ON THIS
LOAN WAS CANCELED UNDER THE PROVISIONS OF THE HOMEOWNERS PROTECTION ACT
OF 1998. EMIC WILL REFUND ANY UNEARNED PREMIUM WITHIN 30 DAYS

EXHIBIT K



COMMITMENT/CERTIFICATE

Leg1.62

03/08/06

DU

OFFER OF INSURANCE: This form serves as a combined Commitment/Certificate. Republic Mortgage Insurance Company, in reliance on the insured's representations in the Application, offers to insure against Loss due to Default by the Borrower on the Loan described below. This offer is subject to the terms and conditions of the Master Policy, endorsements, and any additional conditions set forth below, and to the insured's acceptance and certification. Any material misrepresentation in the Application or any revision to the terms and conditions set out below shall void this document unless the revisions are approved in writing by RMIC.

JPMORGAN CHASE BANK, N.A.	WS	THEIR SUCCESSORS	INSURED'S
ATTN: ROXBOROUGH BLDG		OR ASSIGNS AS	NAME
1901 ROXBOROUGH RD #406		THEIR INTERESTS	AND
CHARLOTTE, NC 28211		MAY APPEAR	ADDRESS

WOERNER, THOMAS	OTTINGER, CLIFFORD	BORROWER'S NAME
9894 VALLEY ROAD		
FORT MILLS	SC 29718	PROPERTY ADDRESS

Commitment/Certificate Number		Insured's Identification Number		Bench	Commitment Effective Date	Commitment Expiration Date
0606753004		00047		02	03/08/2006	09/08/2006
Master Policy Form Number		Endorsement Form Number(s)				
MP-1103		MPEND-4017 (12/05) MPEND-4016 (6/05)				DELEGATED
Loan Amount \$ 138,000		Insured Amount \$138,000.00		RMIC Plan Number INITIAL		Level 78ZL
Sales Price or Cost \$ 138,000	Occupancy PRIMARY RES.			Annual Premium \$ 97.75		(MONTHLY)
Appraised Value \$ 139,380	Loan-To-Value Ratio 100.00% *	Less: Amount Paid \$.00		Premium Amount Due \$ Z.I.P.**MTHTLY		
\$ 97.75 MONTHLY	ANNUALIZED PREMIUM RATE AT .850% YEARS					
01 THROUGH 10 AND .200% YEARS 11 THROUGH TERM.						

**Zero Initial Premium plan. Renewal premium billing will begin in the month of the first scheduled mortgage payment. First mortgage payment due: / / .



The Commitment/Certificate premium quotation reflects the best rate available based upon information and data submitted to RMC by the Insured. If the Insured determines that the premium quotation is not accurate, it is the Insured's responsibility to notify RMC.

The Company has caused this Commitment/Certificate to be signed and sealed by its duly authorized officers in facsimile to become effective as its original seal and signatures and binding on the Company by virtue of countersignature by its duly authorized agent, Faith A Walker

AUTHORIZED REPRESENTATIVE

INSURED'S ACCEPTANCE AND CERTIFICATION: The Insured accepts the RMIC coverage offered and validates this Commitment as a Certificate by certifying that:

- i. The transaction described above has been duly consummated; and
- ii. Equity in the property is from the Borrower's own cash unless otherwise disclosed in the Application; and
- iii. Any additional conditions have been or will be satisfied; and
- iv. The Insured has included, or otherwise attached, its copy of the executed Commitment/Certificate to its original copy of the entire Application package, which becomes a part of the Policy; and
- v. The Insured permits the premium amount due within 10 days after the effective date.

Loan Consumption Date / /	Insured's Loan Number 1574408155	Insured Amount	Remittance Z.I.P. MONTHLY	Date
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*Effective Date is the later of the Loan Consumption Date or the Commitment Effective Date.

Insured's Authorized Signature _____

Telephone # _____ Check here for separate Certificate _____

New Servicing Assignment

New Loan Number _____



Fax _____

Certificate to: _____

1-800-386-4007

Send check with certificate to:
 Lockbox #402958
 Atlanta, GA 30384-2958
 Tel. 1-800-386-7642

OR

UPON RECEIPT OF NOTIFICATION FROM THE INSURED THAT MI COVERAGE ON THIS
LOAN WAS CANCELED UNDER THE PROVISIONS OF THE HOMEOWNERS PROTECTION ACT
OF 1998, RMIC WILL REFUND ANY UNEARNED PREMIUM WITHIN 30 DAYS

EXHIBIT L

Leg1.64.0 11/13/06
DU

DP 0002 (Rev. 11/88)